

Doc#		L U F S  D O C #	R C R A	P r o p e r t y	C / C	P O	O t h e r	S e r v i c e	S u p p l y	P r o j e c t	DTO	CMPLUS Order Number	Vendor	ITEMS	Amount	RDD
21-05-8556GD	083				X			X		ODV	ODV		SOUTHWEST COMMUNITY CENTER	POOL PASS FOR DIVE TEAM	\$1,408.00	06-Dec-04
21-05-8556GD	242				X				X	ODV	ODV		Underwater Sports	Fins, Masks, Hoods, Dive Light	\$2,336.00	15-Feb-05
21-05-8556GD	276				X				X	ODV	ODV		US Divers	Dive gear	\$980.75	28-Feb-05
21-05-8556GD	281				X			X		ODV	ODV		Underwater Sports	Repair Cuffs on drysuits	\$597.50	20-Feb-05
21-05-8556GD	325								X	ODV	ODV		Underwater Sports	Adapters	\$278.00	18-Mar-05
21-05-8556GD	327					X		X		ODV	ODV		SOS LIMITED	Repair to Hyperlite	\$4,000.00	30-Apr-05
21-05-8556GD	477	GD542			X				X	ODV	ODV		HOME DEPOT	HARDWARE	\$50.00	18-Apr-05
21-05-8556GD	522	GD565			X				x	ODV	ODV		Underwater Sports	WEIGHTS	\$606.00	20-May-05
21-05-8556GD	543	GD614			X				X	ODV	ODV		A-PLUS MARINE SUPPLY	DIVE HARDWARE	\$2,086.20	01-Jun-05
21-05-8556GD	568	GD647						X		ODV	ODV		Underwater Sports	Tank Inspection	\$275.00	19-May-05
21-05-8556GD	583	GD660			X				X	ODV	ODV		Underwater Sports	HANGERS	\$126.00	27-May-05
21-05-8556GD	584	GD659			X				X	ODV	ODV		DIVE COMMERCIAL	EXO COMMS ASSY	\$884.20	27-May-05
21-05-8556GD	603	GD692			X			X		ODV	ODV		Underwater Sports	Air Testing	\$70.00	28-May-05

f-105

# ORDER FOR SUPPLIES AND SERVICES

PAGE 01 OF 02

IMPORTANT: Mark all packages and pages with contract and/or order numbers.

1. DATE OF ORDER  
22 DEC 2004

2. CONTRACT NO. (If any)

6. SHIP TO:

3. ORDER NO.

4. REQUISITION/REFERENCE NO.

32-05-14102-083

a. NAME OF CONSIGNEE

USCG HEALY (WAGB 20) ATTN: SUPPLY

b. STREET ADDRESS

14 S. MASSACHUSETTS STREET

c. CITY

SEATTLE

d. STATE

WA

e. ZIP CODE

98134

f. SHIP VIA

5. ISSUING OFFICE (Address correspondence to)

COMMANDING OFFICER USCGC HEALY (WAGB 20)  
14 S. MASSACHUSETTS STREET  
SEATTLE, WA 98134

7. TO:

a. NAME OF CONTRACTOR

AQUATICS MANAGER

b. COMPANY NAME

SEATTLE PARKS AND RECREATION

c. STREET ADDRESS

860 TERRY AVENUE NORTH

d. CITY

SEATTLE

e. STATE

WA

f. ZIP CODE

98109

9. ACCOUNTING AND APPROPRIATION DATA

8. TYPE OF ORDER

☒ a. PURCHASE

REFERENCE YOUR:  
Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.

☐ b. DELIVERY - Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.

10. REQUISITIONING OFFICE

11. BUSINESS CLASSIFICATION (Check appropriate box(es))

☒ a. SMALL

☐ b. OTHER THAN

☐ c. DISADVANTAGED

☐ d. WOMEN-OWNED

SAME AS BLOCK NO. 5

12. F.O.B. POINT

14. GOVERNMENT B/L NO.

15. DELIVER TO F.O.B. POINT  
ON OR BEFORE (Date)

16. DISCOUNT TERMS

13. PLACE OF

a. INSPECTION

b. ACCEPTANCE

17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
001	POOL ACCESS TO RUN FROM DEC 04 THRU MAY 04. POOL ACCESS IS TO BE USED BY CGC HEALY DIVE TEAM. COAST GUARD MEMBERS WILL BE REQUIRED TO SHOW MILITARY ID INORDER TO OBTAIN ACCESS. ALSO EACH FACILITY WILL KEEP A LOG THAT WILL ALSO BE PROVIDED AT THE END OF EACH MONTH WITH INVOICES.	006	MO	\$120.00	\$720.00	

18. SHIPPING POINT

19. GROSS SHIPPING WEIGHT

20. INVOICE NO.

21. MAIL INVOICE TO:

a. NAME

USCGC HEALY (WAGB 20) ATTN: SUPPLY GD083

b. STREET ADDRESS (or P.O. Box)

14 S. MASSACHUSETTS STREET

c. CITY

SEATTLE

d. STATE

WA

e. ZIP CODE

98134

17(h) TOT. (Cont. pages)

17(i) GRAND TOTAL

22. UNITED STATES OF AMERICA BY (Signature)

23. NAME (Typed)

CWO2, USCG

TITLE: CONTRACTING/ORDERING OFFICER

OPTIONAL FORM 347 (Rev. 6-85)  
Prescribed by GSA/FAR 48 CFR 53.213(e)

Previous edition not usable

165 PAGE 2 OF 47 PAGES.

MAILED ORIGINAL TO BULK 7  
ON 27 DEC 04

6,7c

**SUPPLEMENTAL INVOICING INFORMATION**

If desired, this order (or a copy thereof) may be used by the Contractor as the Contractor's invoice instead of a separate invoice, provided the following statement, (signed and dated) is on (or attached to) the order. "Payment is requested in the amount of \$ \_\_\_\_\_. No other invoice will be submitted." However, if the Contractor wishes to submit an invoice, the following information must be provided: contract number (if any), order number, item number(s), description of supplies or service, sizes, quantities, unit prices, and extended totals. Prepaid shipping costs will be indicated as a separate item on the invoice. Where shipping costs exceed \$10 (except for parcel post), the billing must be supported by a bill of lading or receipt. When several orders are invoiced to an ordering activity during the same billing period, consolidated periodic billings are encouraged.

# RECEIVING REPORT

Quantity in the "Quantity Accepted" column on the face of this order has been: ☐ inspected, ☐ accepted, ☐ received  
by me and conforms to contract. Items listed below have been rejected for the reason indicated:

SHIPMENT	PARTIAL		DATE RECEIVED	SIGNATURE OF AUTHORIZED U.S. GOV'T REP.	DATE
	FINAL				
TOTAL CONTAINERS		GROSS WEIGHT	RECEIVED AT	TITLE	

## REPORT OF REJECTIONS

[illegible]

OPTIONAL FORM 347 (Rev. 6-95) Page 2.

6, 7c

## AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE

PAGE OF PAGES

01 01

2. AMENDMENT/MODIFICATION NO.

00001

3. EFFECTIVE DATE

04/14/05

4. REQUISITION/PURCHASE REQ. NO.

32-05-14102-083

5. PROJECT NO. (If applicable)

6. ISSUED BY

CODE

7. ADMINISTERED BY (If other than Item 6)

CODE

COMMANDING OFFICER

CGS HEALY

14 S. MASSACHUSETTS STREET

SEATTLE, WA 98134 206-217-6300

SAME AS BLOCK NO. 6

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)

SEATTLE DEPARTMENT OF PARKS AND RECREATION

ATTN: [REDACTED]

860 TERRY AVENUE NORTH

SEATTLE, WA 98109

206-386-4282

(✓)

9A. AMENDMENT OF SOLICITATION NO.

9B. DATED (SEE ITEM 11)

X

10A. MODIFICATION OF CONTRACT/ORDER NO.

HSCG8505P6GD083

10B. DATED (SEE ITEM 13)

22DEC04

CODE

FACILITY CODE

## 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended, ☐ is not extended.

Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:

(a) By completing Items 5 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)

## 13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(✓) A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.

X B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).

C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:

D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor ☒ is not, ☐ is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

THE FOLLOWING MODIFICATIONS HAVE BEEN MADE:

1. MODIFY BLOCK 17 TO INCLUDE THE FOLLOWING VENDOR TO ALLOW SWIM ACCESS.

SOUTHWEST POOL  
2801 SW THISTLE  
SEATTLE, WA 98126  
206-684-7440

2. NO CHANGE IN PRICE. ALL OTHER TERMS OF CONTRACT WILL REMAIN THE SAME.

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or Print)

16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)

[REDACTED] SKC/USCG

15B. CONTRACTOR/OFFEROR

15C. DATE SIGNED

16B. UNITED STATES OF AMERICA

16C. DATE SIGNED

(Signature of person authorized to sign)

BY (Signature of Contracting Officer)

NSN 7540-01-152-8070  
PREVIOUS EDITION UNUSABLE

STANDARD FORM 30 (Rev. 10-83)  
Prescribed by GSA  
FAR (48 CFR) 53.243

165

6,7c

4 47

**FORM DOT F 4200.1.2CG (Rev. 2-94)**  
PREVIOUS EDITIONS ARE OBSOLETE

165 PAGE 5 OF 47 PAGES.

**NOT REPORTABLE PROPERTY  
IN ACCORDANCE WITH  
COMDTINST M4500.5A**

PARTIAL/COMPLETE  
SIGNATURE \_\_\_\_\_  
DATE RECEIVED \_\_\_\_\_

6, 7c



## Billed Use Memorandum of Understanding

This memo is written to outline the agreement between Seattle Parks and Recreation (Parks) and USCGC Healy - WAGB 20 (User), for the billed use of **Medgar Evers Pool** for the purpose of recreational swimming by the CGC Healy dive team from **January 15, 2005, through June 30, 2005**.

1. Parks approves the use of the pool for occasional drop-in use by members of the CGC Healy dive team for the purpose of recreational swimming.
  - a. User may use the appropriate speed lap lane only when lap swimming.
  - b. Activities such as treading water are not appropriate for lap swimming and should be done in the shallow end of the pool.
  - c. If crowding occurs during the first part of the recreational swim, User will be encouraged to attend the second half of the swim.
2. If the number of individual users from the User group causes an impact on other users in public swim times, or if there is a need for specialized activities and/or training, a separate private use time and rental agreement will be required.
3. Individual use will require identification from each participant to verify their association with User group. User members will sign-in prior to each use.
4. Parks will keep a log that will also be provided at the end of each month with invoices.
5. At the end of each month, Parks will bill User for actual use. The billing rate will be the standard pool admission pricing (\$3.50/user/admission) as determined by the 2005 Fees and Charges ordinance. Per conversation with User Contact (██████████) on 01/12/05, the amount stated on the 12/22/04 Order for Supplies and Services (Optional Form 347, signed by ██████████, CWO2, USCG, Contracting/Ordering Officer) is not a limit, the invoice amount may exceed \$120/month, and User will pay for actual use stated in monthly invoices from Parks.
6. User to pay invoice total amount within 10 days of receipt. Failure to pay will result in cancellation of any use by User, and application of late fees and finance charges as required by ordinance.
7. Checks to be made payable to "Medgar Evers Pool" and delivered/mailed to 500 23<sup>rd</sup> Ave E, Seattle, WA 98122.

I understand and agree with these terms for use.

Signature \_\_\_\_\_

Date 1/19/05

User Group: USCGC Healy (WAGB 20), Dive Team  
Contact name: ██████████  
Billing Address: USCGC Healy (WAGB 20) ATTN: Supply GDO83  
14 S Massachusetts St  
City, State: Seattle, WA  
Zip Code: 98134  
Email address: [██████████@healy.uscg.mil](mailto:██████████@healy.uscg.mil)  
Telephone: 206-217-6300, ext. 152

*This Memorandum of Understanding is to be prepared in duplicate with one copy retained by Parks and one copy provided to User.*

6, 7c

JAN

## (Name of Group) Sign-In

#	Date	Name	ID#	(Name of Group) only (all others must use Parks and Rec. tickets)
1	30 JAN 05	[REDACTED]		USCGC HEALY
2	30 JAN 05	[REDACTED]		"
3	30 JAN 05	[REDACTED]		"
4	31 JAN 05	[REDACTED]		"
5	31 JAN 05	[REDACTED]		"
6	31 JAN 05	[REDACTED]		"
7	31 JAN 05	[REDACTED]		"
8	31 JAN 05	[REDACTED]		"
9	31 JAN 05	[REDACTED]		"
10	31 JAN 05	[REDACTED]		"
11	31 JAN 05	[REDACTED]		"
12	31 JAN 05	[REDACTED]		"
13	31 JAN 05	[REDACTED]		"
14	1 FEB 05	[REDACTED]		"
15	1 FEB 05	[REDACTED]		"
16	1 FEB 05	[REDACTED]		USCGC HEALY
17	2 FEB 05	[REDACTED]		"
18	3 FEB 05	[REDACTED]		"
19	3 FEB 05	[REDACTED]		"
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G, TC

Feb

(Name of Group) Sign-In				
#	Date	Name	ID#	(Name of Group) only (all others must use Parks and Rec. tickets)
1	24 JANU			USCGC HEALY
2	25 JANU		HEALY	
3	25 JANU		HEALY	
4	01 FEB05		HEALY	
5	02 FEB05		HEALY	
6	04 FEB05		HEALY	
7	1 Feb		HEALY	
8	4 FEB		SPU X	
9	7 FEB05		HEALY	
10	8 FEB05		HEALY	
11	8 FEB05		HEALY	
12	8 FEB05		HEALY	
13	10 FEB05		HEALY	
14	10 FEB05		"	
15	10 FEB05		"	
16	11 FEB05		"	
17	11 FEB05		"	
18	11 FEB05		"	
19	14 FEB05		"	
20	17 FEB05		"	
21	17 FEB05			
22	19 Feb		5495	SPU X
23	22 FEB05			"
24	25 FEB05			"
25	25 FEB			"
26	25 FEB			"
27	02 MAR05			"
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Feb

(Name of Group) Sign-In				
#	Date	Name	ID#	(Name of Group) only (all others must use Parks and Rec. tickets)
1	24 JAN 04			USCGC HEALY
2	25 JAN 04			HEALY
3	25 JAN 04			HEALY
4	01 FEB 05			HEALY
5	2 FEB 05			HEALY
6	4 FEB 05			HEALY
7	1 Feb			
8	4 FEB			SEU
9	7 FEB 05			HEALY
10	8 FEB 05			HEALY
11	8 FEB 05			HEALY
12	8 FEB 05			HEALY
13	10 FEB 05			HEALY
14	10 FEB 05			"
15	10 FEB 05			"
16	11 FEB 05			"
17	11 FEB 05			"
18	11 FEB 05			"
19	14 FEB 05			"
20	17 FEB 05			"
21	17 FEB 05			"
22	19 Feb		5495	
23	22 FEB 05			"
24	25 FEB 05			"
25	25 FEB			"
26	26 FEB 05			"
27	02 MAR 05			"
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6,7c

March

(Name of Group) Sign-In				
#	Date	Name	ID#	(Name of Group) only (all others must use Parks and Rec. tickets)
1	01 MAR 05	[REDACTED]		
2	08 MAR 05	[REDACTED]		USE OC HEALY
3	10 MAR 05	[REDACTED]		" "
4	10 MAR 05	JESS NOEL		" "
5	11 MAR 05	[REDACTED]		HEALY
6	24 MAR 05	[REDACTED]		" "
7	25 MAR 05	[REDACTED]		HEALY
8	28 MAR 05	[REDACTED]		" "
9	29 MAR 05	[REDACTED]		" "
10	30 MAR 05	[REDACTED]		" "
11	31 MAR 05	[REDACTED]		" "
12	01 MAR 05	[REDACTED]		" "
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6, 7c

April 08

## (Name of Group) Sign-In

#	Date	Name	ID#	(Name of Group) only (all others must use Parks and Rec. tickets)
1	12 APR 08	[REDACTED]		
2	12 APR 08	[REDACTED]		USCG HEALY
3	26 APR 08	[REDACTED]		USCG HEALY
4	27 APR 08	[REDACTED]		11
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6/70

DEPARTMENT OF TRANSPORTATION <b>PROCUREMENT REQUEST</b> <b>PROCESS RAPIDLY</b>					PROCUREMENT REQUEST NO. <div style="font-size: 1.2em; font-family: cursive;">DIV 05 001</div>								
					DATE RECEIVED								
1. NAME, PHONE NUMBER, AND ROUTING SYMBOL OF PERSON TO CONTACT MKCS [REDACTED]					2. TYPE OF REQUEST (Check one) A <input checked="" type="checkbox"/> NEW REQUEST B <input type="checkbox"/> CHANGE TO PENDING PR NO. _____ C <input type="checkbox"/> MODIFICATION TO CONTRACT OR ORDER NO. _____								
3. ORIGINATING OFFICE DATA USCGC Healy WAGB 20													
4. ADDITIONAL INFORMATION (Suggested supply sources, security data, etc.) Underwater Sports 10545 Aurora Ave North Seattle, WA 98133 POC [REDACTED] 206-362-[REDACTED]													
5. APPROVALS													
APPROVING OFFICIALS		ROUTING SYMBOL	DATE	INTERNAL ROUTING		6. CONSIGNEE AND DESTINATION  COMMANDING OFFICER USCGC HEALY (WAGB-20) 14 SO. MASSACHUSETTS ST SEATTLE, WA 98134							
(A)	(B)	(C)	(D)	(E)									
(1) AUTHORIZED REQUISITIONER													
LCOR [REDACTED] OPS		24 JAN	[REDACTED]	OPS									
(2) ACCOUNTING CERTIFICATION OFFICER													
(3)					7. DATE(S) REQUIRED  15FEB04								
(4)													
8. GOVERNMENT FURNISHED PROPERTY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "YES" see par. 8 of instructions on page 2.)													
9. DESCRIPTION OF ITEMS OR SERVICES													
ITEM NO. (A)	ITEM OR SERVICE (Include Specifications and Special Instructions) (B)	QTY (C)	UNIT (D)	ESTIMATED COST									
				UNIT (E)	AMOUNT (F)								
1.	Bio-Fin Pro BLK, LRG	2	ea	\$132.00	\$264.00								
2.	Bio-Fin Pro BLK, LRG	2	ea	\$132.00	\$264.00								
3.	30cu Pony Yellow (Luxfer)	4	ea	\$115.00	\$460.00								
4.	Blue Tang Titanium Blunt Black	4	ea	\$58.00	\$232.00								
5.	Slat, Curved Armband	6	ea	\$9.00	\$54.00								
6.	Reel Jump 150ft (OMS)	3	ea	\$72.00	\$216.00								
7.	Hood Drysuit Small (Oneill)	1	ea	\$38.00	\$38.00								
8.	Hood Drysuit Med (Oneill)	3	ea	\$38.00	\$114.00								
9.	Hood Drysuit LG (Oneill)	3	ea	\$38.00	\$114.00								
10.	Hood Drysuit XLG (Oneill)	1	ea	\$38.00	\$38.00								
11.	Light Cannon HID BLK Pistol	2	ea	\$184.00	\$368.00								
12.	SSI Yellow (Safe Second 1)	1	ea	\$174.00	\$174.00								
					\$0.00								
					\$0.00								
					\$0.00								
10. ACCOUNTING DATA													
SYSTEMS DATA		CHECK APPLICABLE QUARTER				TOTAL							
		<input type="checkbox"/> 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> 4TH											
AGY	DIS	APPN	LIM	AFC	PROGRAM	COST	OBJECT	DOCUMENT NUMBER		PROJECT	ACCOUNTING AMOUNT		
TY	TY	CODE	CODE	CODE	ELEMENT	CENTER	CLASS	TYPE	FY			P.R. NUMBER	SUFFIX
2	6	501	138	30	60	4102	216910	21	05	60242		601	2336.00
2								21					
2								21					

 FORM DOT F 4200.1.2CG (Rev. 2-94)  
 PREVIOUS EDITIONS ARE OBSOLETE

 NOT REPORTABLE PROPERTY  
 IN ACCORDANCE WITH  
 COMDTINST M4500.5A

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 PARTIAL/COMPLETE PAGE 12 OF 47 PAGES.  
 SIGNATURE \_\_\_\_\_  
 DATE RECEIVED \_\_\_\_\_

Underwater Sports  
10545 Aurora Ave N  
Seattle, WA 98133  
(206) 362-3310

ORDER Invoice No: 61950  
Date: 01/27/05  
Page: 1

Sold To: ATTN: 154  
USCG Healy (WAGB20)  
14 South Massachusettes St.  
Seattle, WA 98134

Customer No: 57352  
Phone No: (206) 217-6300

Ship To:

Cust. Order #:

Salesperson: #3

Product Code	Item Description	Ordred	Ship	Unit Price	Amount
AP0150-84-80-0	Bio-Fin, Pro, Blk, LRG	4	4	132.00	528.00
TANK-AL30-YLW	30cu' Pony Yellow (Luxfer)	4	4	115.00	460.00
UK30074	Blue Tang Titanium Blunt Black	4	4	58.00	232.00
TRISL37	Slate, Curved Armband	6	6	9.00	54.00
OMSRL227-A	Reel Jump 150ft (OMS)	3	0	72.00	216.00
ONE0050-S	Hood Drysuit SML (O'Neill)	1	1	38.00	38.00
ONE0050-M	Hood Drysuit MED (O'Neill)	3	3	38.00	114.00
ONE0050-L	Hood Drysuit LRG (O'Neill)	3	3	38.00	114.00
ONE0050-XL	Hood Drysuit XL (O'Neill)	1	1	38.00	38.00
UK44601	Light Cannon HID BLK Pistol	2	2	184.00	368.00
14-0001-3P	SSI Yellow (Safe Second 1)	1	1	174.00	174.00

*mks in full  
18 Feb 05  
PARTIAL*

*GO 242*

Sub-Total:	2336.00
Shipping:	0.00
Tax [ 8.8]:	0.00 *
Total:	2336.00
Visa :	2336.00
Amount Paid:	2336.00
Amount Due:	0.00

www.underwatersports.com

01/27/05

*6,7c*

<b>DEPARTMENT OF TRANSPORTATION</b> <div style="display: flex; justify-content: space-around; font-size: 2em; font-weight: bold;"> <span>P</span> <span>R</span> </div> <div style="display: flex; justify-content: space-around;"> <span>ROCUREMENT</span> <span>REQUEST</span> </div> <div style="display: flex; justify-content: space-around;"> <span>ROCESS</span> <span>RAPIDLY</span> </div>					PROCUREMENT REQUEST NO. <div style="font-size: 1.5em; font-family: cursive;">D.VOS 003</div>								
1. NAME, PHONE NUMBER, AND ROUTING SYMBOL OF PERSON TO CONTACT MKCS [REDACTED]					2. TYPE OF REQUEST (Check one) A. <input checked="" type="checkbox"/> NEW REQUEST B. <input type="checkbox"/> CHANGE TO PENDING PR NO. _____ C. <input type="checkbox"/> MODIFICATION TO CONTRACT OR ORDER NO. _____								
3. ORIGINATING OFFICE DATA USCGC Healy WAGB 20					DATE RECEIVED <div style="font-size: 1.2em; font-family: cursive;">21-05-855660 276</div>								
4. ADDITIONAL INFORMATION (Suggested supply sources, security data, etc.) U.S. Divers Aqua Lung 2340 Cousteau Court Vista, CA 92083 POC [REDACTED] 1-877-252-[REDACTED] or e-mail [REDACTED]@alung.com													
5. APPROVALS													
APPROVING OFFICIALS		ROUTING SYMBOL	DATE	INTERNAL ROUTING		8. CONSIGNEE AND DESTINATION (ROOM) 1-4-1 <b>COMMANDING OFFICER</b> <b>USCGC HEALY (WAGB-20)</b> <b>14 SO. MASSACHUSETTS ST</b> <b>SEATTLE, WA 98134</b>							
(A)	(B)	(C)	INITIALS (D)	ROUTING SYMBOL (E)									
(1) AUTHORIZED REQUISITIONER													
(2) ACCOUNTING CERTIFICATION OFFICER													
(3)													
(4)					7. DATE(S) REQUIRED <div style="text-align: center;">28 FEB 05</div>								
8. GOVERNMENT FURNISHED PROPERTY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "YES" see par. 8 of Instructions on page 2.)													
9. DESCRIPTION OF ITEMS OR SERVICES													
ITEM NO. (A)	ITEM OR SERVICE (Include Specifications and Special Instructions) (B)				QTY (C)	UNIT (D)	ESTIMATED COST						
							UNIT (E)	AMOUNT (F)					
1.	5mm Echozip bootie size 7 #D95001				2	ea	\$15.75	\$31.50					
2.	5mm Echozip bootie size 8 #D95001				2	ea	\$15.75	\$31.50					
3.	5mm Echozip bootie size 9 #D95001				2	ea	\$15.75	\$31.50					
4.	5mm Echozip bootie size 10 #D95001				2	ea	\$15.75	\$31.50					
5.	5mm Echozip bootie size 11 #D95001				2	ea	\$15.75	\$31.50					
6.	Hot Head Hood size Small #D9271				2	ea	\$12.00	\$24.00					
7.	Hot Head Hood size Med #D9271				2	ea	\$12.00	\$24.00					
8.	Hot Head Hood size Lrg #D9271				2	ea	\$12.00	\$24.00					
9.	Dryhood with vents and zipper size small #D9291				2	ea	\$16.50	\$33.00					
10.	Dryhood with vents and zipper size Med #D9291				2	ea	\$16.50	\$33.00					
11.	Dryhood with vents and zipper size Lrg #D9291				2	ea	\$16.50	\$33.00					
12.	excursion Deluxe Back Pack Black #D6871				7	ea	\$35.00	\$245.00					
13.	Razer Back Ceramic Knife Yellow #D8197				7	ea	\$37.50	\$262.50					
14.	Fins Rocket quick release buckle 621110				3	ea	\$48.25	\$144.75					
15.								\$0.00					
10. ACCOUNTING DATA													
SYSTEMS DATA				CHECK APPLICABLE QUARTER				TOTAL \$980.75					
				<input type="checkbox"/> 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> 4TH									
AGY	DSTY	APPN CODE	LIM CODE	AFC CODE	ALIC	PROGRAM ELEMENT	COST CENTER	OBJECT CLASS	DOCUMENT NUMBER			PROJECT	ACCOUNTING AMOUNT
									TYPE	FY	P.R. NUMBER		
2	V	501	133	38	0	60	14102	3120	21	05	60274		980.75
2					0				21				
2					0				21				

 FORM DOT F 4200.1.2CG (Rev. 2-94)  
 PREVIOUS EDITIONS ARE OBSOLETE

 NOT REPORTABLE PROPERTY  
 IN ACCORDANCE WITH  
 COMDTINST M4500.5A

165 PAGE 17 OF 47 PAGES.

PARTIAL COMPLETE

SIGNATURE \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

6,7C

**AQUALUNG**  
**U.S. DIVERS** *seaQuest*

 CORRESPONDENCE:  
 2340 COUSTEAU COURT  
 VISTA, CA 92083  
 PHONE: (760)597-5000  
 FAX: (760)597-4900

 REMIT TO:  
 P.O. BOX 51819  
 LOS ANGELES, CA 90051-5119

Attn: [REDACTED]

**INVOICE**

CUSTOMER NO. 90003	
INVOICE NO. MD01497 001	DATE 2/01/05

TERMS: CREDIT CARD/PREPAID

 INVOICES NOT PAID WITHIN TERMS WILL BE SUBJECT TO A 1 1/2%  
 PER MONTH SERVICE CHARGE.

**SOLD TO:** USCGC HEALY  
 14 S. MASSACHUSETTS STREET  
 ATTN: GD 276

SEATTLE, WA 98134

**SHIP TO:** USCGC HEALY  
 14 S. MASSACHUSETTS STREET  
 ATTN: GD 276

SEATTLE, WA 98134

CUSTOMER P.O. NUMBER	DATE ORDERED	DATE SHIPPED	CARRIER
CRCD-[REDACTED]	2/01/05	2/01/05	UPS - GROUND
			TOTAL
			836.00 USD

QUANTITY	PART NUMBER	DESCRIPTION	PRICE	EXTENSION
		0		
2	D95001-07	5MM ECHOZIP BLK-7	15.75	31.50
2	D95001-08	5MM ECHOZIP BLK-8	15.75	31.50
2	D95001-09	5MM ECHOZIP BLK-9	15.75	31.50
2	D95001-10	5MM ECHOZIP BLK-10	15.75	31.50
2	D95001-11	5MM ECHOZIP BLK-11	15.75	31.50
2	D9271-2	HOT HEAD BLK-S	12.00	24.00
2	D9271-3	HOT HEAD BLK-M	12.00	24.00
2	D9271-5	HOT HEAD BLK-L	12.00	24.00
2	D9291-2	6.5MM COLDWATER DRYHOOD-S	16.50	33.00
2	D9291-3	6.5MM COLDWATER DRYHOOD-M	16.50	33.00
2	D9291-5	6.5MM COLDWATER DRYHOOD-L	16.50	33.00
7	D6871	EXCURSION DELUXE BACK PACK, BLACK	35.00	245.00
7	D8197	RAZOR BACK CERAMIC YELLOW	37.50	262.50

6,7c





PAGE 17 OF 47 PAGES.

6, 7c

1

MKC [REDACTED]

Specifications for the Repair of USCGC Healy (WAGB 20)

ITEM - Dry suits with SI-Tec Cuff ring and gloves.  
MH

1 SCOPE

The intent of this item is to replace latex seal cuffs on the ships Dry suits with SI-Tec Cuff ring and matching gloves.

Government Furnished Property:

a. none

2 REFERENCES

2.1 Coast Guard Drawings:

a. None

2.2 Enclosures:

1. None.

3 REQUIREMENTS

For questions, concerns, or ship check appointments contact the MKCS [REDACTED] at Voice: (206) 217-6300, Fax: (206) 217-6309, or e-mail [REDACTED]@Healy.uscg.mil.

The Contractor shall provide all labor and material, with the exception of any Government Furnished Property listed above, to accomplish the following:

3.1 GENERAL

3.1.1 PERFORMANCE PERIOD/LOCATION: All work shall be completed from 01 FEB 2005 to 15 FEB 2005

USCGC Healy (WAGB 20)  
1519 Alaskan Way South  
Seattle, WA. 98134  
(206) 217-6300

3.2 INTERFERENCES

3.3 none

3.4 REMOVALS

3.5 INSTALLATION

3.5.1 Install new SI-TEC Dry suit cuff ring onto dry suits and provide matching gloves.

3.6 INSPECTION

3.6.1 In the presence of the CG Inspector, conduct a leak test on the installed rings with glove attached.

6,7C

Underwater Sports  
10545 Aurora Ave N  
Seattle, WA 98133  
(206) 362-3310

Invoice No: 62531 A  
Date: 02/17/05

Page: 1

Sold To: ATTN: 154  
USCG Healy (WAGB20)  
14 South Massachusettes St.  
Seattle, WA 98134

Customer No: 57352  
Phone No: (206) 217-6300

Ship To:

Cust. Order #: 21-05-8556GD281

Salesperson: #3 [REDACTED]

Product Code	Item Description	Ordrd	Ship	Unit Price	Amount
USIA BLUE MED	Dry Gloves Med, Blue	2	2	46.00	92.00
USIA BLUE LRG	Dry Gloves Lrg, Blue	2	2	46.00	92.00
USIA BLUE XL	Dry Gloves XL, Blue	1	1	46.00	46.00
SI-TECH RING S	Ring-Set, Quick Dry	5	5	49.00	245.00
SERVICE	Labor Required Suits	5	5	15.00	75.00

WKC  
18 Feb 05

GD281

Sub-Total: 550.00

Shipping: 0.00

Tax [ 8.8]: 0.00 \*

Total: 550.00

02/17/05

DUE UPON RECEIPT: 550.00

Amount Paid: 0.00

Amount Due: 550.00

www.underwatersports.com

G, 7C

DEPARTMENT OF TRANSPORTATION <div style="display: flex; justify-content: space-around; font-size: 2em; font-weight: bold;"> <span>P</span> <span>R</span> </div> <div style="display: flex; justify-content: space-around; font-weight: bold;"> <span>ROCESS</span> <span>REQUEST RAPIDLY</span> </div>					PROCUREMENT REQUEST NO. <div style="font-size: 1.5em; font-weight: bold;">21-05-85 5660325</div>				
1. NAME, PHONE NUMBER, AND ROUTING SYMBOL OF PERSON TO CONTACT MKCS [REDACTED]					2. TYPE OF REQUEST (Check one) A <input checked="" type="checkbox"/> NEW REQUEST B <input type="checkbox"/> CHANGE TO PENDING PR NO. _____ C <input type="checkbox"/> MODIFICATION TO CONTRACT OR ORDER NO. _____				
3. ORIGINATING OFFICE DATA USCGC Healy WAGB 20					4. ADDITIONAL INFORMATION (Suggested supply sources, security data, etc.) Underwater Sports 10545 Aurora Ave North Seattle, WA 98133 POC [REDACTED] 206-362-[REDACTED]				
5. APPROVALS					6. CONSIGNEE AND DESTINATION COMMANDING OFFICER USCGC HEALY (WAGB-20) 14 SO. MASSACHUSETTS ST SEATTLE, WA 98134				
APPROVING OFFICIALS		ROUTING SYMBOL	DATE	INTERNAL ROUTING		7. DATE(S) REQUIRED <div style="text-align: center; font-weight: bold;">18 FEB 05</div>			
(A)		(B)	(C)	INITIALS (D)	ROUTING SYMBOL (E)				
(1) AUTHORIZED REQUISITIONER									
(2) ACCOUNTING CERTIFICATION OFFICER									
(3)									
(4)						8. GOVERNMENT FURNISHED PROPERTY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "YES" see par. 8 of Instructions on page 2.)			
9. DESCRIPTION OF ITEMS OR SERVICES									
ITEM NO (A)	ITEM OR SERVICE (Include Specifications and Special Instructions) (B)				QTY (C)	UNIT (D)	ESTIMATED COST		
							UNIT (E)	AMOUNT (F)	
1.	Din fill adapter				6	ea	\$25.00	\$150.00	
2.	Din to Yoke adapter				4	ea	\$32.00	\$128.00	
FUNDS AVAILABLE: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> POC: [REDACTED] FOB: DEST. <input checked="" type="checkbox"/> ORG. <input type="checkbox"/> ORDERED DATE 16 Feb 05 SHIP DATE _____ ORDERED BY [REDACTED] Visa: \$234 TOTAL PRICE \$278.00 AGENCY INVENTORIES _____ EXCESS FROM OTHER AGENCIES _____ F.P.I. (UNICOR) _____ BLIND/SEVERELY HANDICAPPED _____ GSA OR OTHER I.C.P. _____ MAND <input checked="" type="checkbox"/> /OPT <input type="checkbox"/> SCHED NO _____ COMMERCIAL SOURCES _____ ENTERED INTO LIFS BY: [REDACTED] ON 16 Feb 05 Order Place MKCS [REDACTED] P/U [REDACTED]									
10. ACCOUNTING DATA									
SYSTEMS DATA				CHECK APPLICABLE QUARTER				TOTAL \$278.00	
				<input type="checkbox"/> 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> 4TH					
AGY	DISY	APPN CODE	LIM CODE	AFC CODE	ALC	PROGRAM ELEMENT	COST CENTER	OBJECT CLASS	DOCUMENT NUMBER
									TYPE FY P.R. NUMBER SUFFIX
2		6	5	133	30	0	1412	2646	21 05 6-0325
2					0				
2					0				
					PROJECT		ACCOUNTING AMOUNT		
					G D V		278.00		

FORM DOT F 4200.1.2CG (Rev. 2-94)  
 PREVIOUS EDITIONS ARE OBSOLETE

NOT REPORTABLE PROPERTY  
 IN ACCORDANCE WITH  
 COMDTINST M4500.5A

PARTIAL/COMPLETE

SIGNATURE MKCS [REDACTED]  
 DATE RECEIVED 18 FEB 05

6,7c

Underwater Sports  
10545 Aurora Ave N  
Seattle, WA 98133  
(206) 362-3310

Invoice No: 62506  
Date: 02/16/05  
Page: 1

Sold To: ATTN: 154  
USCG Healy (WAGB20)  
14 South Massachusettes St.  
Seattle, WA 98134

Customer No: 57352  
Phone No: (206) 217-6300

Ship To:

Cust. Order #: GD325

Salesperson: #3

Product Code	Item Description	Ordrd	Ship	Unit Price	Amount
TRIA101	Din Filler Adapter	6	6	25.00	150.00
TRIA100	Din to K Adapter (Trident)	4	4	32.00	128.00

MAKCS  
18 Feb 05

GD325

Sub-Total:	278.00
Shipping:	0.00
Tax [ 8.8]:	0.00 *
Total:	278.00
Visa :	278.00
Amount Paid:	278.00
Amount Due:	0.00

02/16/05

www.underwatersports.com

6,7c

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS</b> OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, 30				1. REQUISITION NUMBER 24-05-8556GD327		Page 1 of 2	
2. CONTRACT NO.		3. AWARD/EFFECTIVE DATE 03/01/2005		4. ORDER NUMBER HSCG85-05-C-6GD327		5. SOLICITATION NUMBER	
7. FOR SOLICITATION INFORMATION CALL		a. NAME		b. TELEPHONE NUMBER (No collect calls)		8. OFFER DUE DATE OR LOCAL TIME	
9. ISSUED BY Commanding Officer CGC HEALY 14 So. Massachusetts St. Bldg. 7 Seattle WA 98146-0000 (206)217-6300				CODE 14102  REQUIRED DELIVERY DATE: 03/31/2005		10. THIS ACQUISITION IS <input checked="" type="radio"/> UNRESTRICTED <input type="radio"/> SET ASIDE 0.00 % FOR <input type="radio"/> SMALL BUSINESS <input type="radio"/> HUBZONE SMALL BUSINESS <input type="radio"/> 8(A) NAICS: _____ SIZE STANDARD: _____	
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE				12. DISCOUNT TERMS Net: 0 Disc: 0 Fast Pay: <input type="checkbox"/> Per: 30 Exch: \$0.00		13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (18CFR 700) <input type="checkbox"/>	
13b. RATING				14. METHOD OF SOLICITATION <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP			
15. DELIVER TO Commanding Officer CGC HEALY 14 So. Massachusetts St. Bldg. 7 Seattle WA 98146-0000				CODE 14102 (206)217-6300 RMS			
17a. CONTRACTOR/OFFEROR S O S LIMITED 612 WATFORD WAY LONDON GBR				CODE FACILITY CODE AE NW7 3JH			
18a. PAYMENT WILL BE MADE BY <a href="https://www.fincen.uscg.mil/secure/web_invoices.htm">https://www.fincen.uscg.mil/secure/web_invoices.htm</a> OR MAIL TO: Commanding Officer CGC HEALY 14 So. Massachusetts St. Bldg. 7 Seattle WA 98146-0000				CODE 14102 Customer Service Nor: (800)564-5504			
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER				18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK IS CHECKED <input type="checkbox"/> SEE ADDENDUM			
19. ITEM NO	20. SCHEDULE OF SUPPLIES/SERVICES			21. QTY	22. UOI	23. UNIT PRICE	24. AMOUNT
1	MAKE NECESSARY REPAIRS AND CERTIFY NYPERLITE CHAMBER FOR SAFE OPERATION. KNOW REPAIRS ARE REPLACING 4 VALVES.  PRICE FOR ALL REPAIRS SHALL NOT EXCEED 4000.00 USD WITH OUT FIRST CONSULTING THE CONTRACTING OFFICER, [REDACTED] AT 206-217-6300 OR [REDACTED]@healy.uscg.mil  26501 133300GD/ 14102/2596/ODV/DEF. TASK \$2350.00  <i>Please include block #1 on invoice. E-mail: cscalk@fincen.uscg.mil (Use Reverse and/or Attach Additional Sheets as Necessary)</i>			1	JO	\$2,350.00	\$2,350.00
25. ACCOUNTING AND APPROPRIATION DATA 26501 133300GD /14102 /2596 /000 / ODV / F00 / \$0.00				26. TOTAL AWARD AMOUNT (For Govt. Use Only) \$2,350.00			
<input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 82.212-1, 82.212-4, FAR 82.212-3 AND 82.212-6 ARE ATTACHED. ADDENDA <input type="radio"/> ARE <input checked="" type="radio"/> ARE NOT ATTACHED.				<input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 82.212-4. FAR 82.212-6 IS ATTACHED. ADDENDA <input type="radio"/> ARE <input checked="" type="radio"/> ARE NOT ATTACHED.			
28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN 0 COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN.				29. AWARD OF CONTRACT: REFERENCE DATED 03/01/2005 YOUR OFFER ON SOLICITATION (BLOCK 6.) INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN IS ACCEPTED AS TO ITEMS: _____			
30a. SIGNATURE OF OFFEROR/CONTRACTOR				31a. SIGNATURE OF CONTRACTING OFFICER			
30b. NAME AND TITLE OF SIGNER (TYPE OR PRINT)		30c. DATE SIGNED		31b. NAME OF CONTRACTING OFFICER		31c. DATE SIGNED 11/18/2005	

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AMENDMENT OF SOLICITATION/MODIFICATION ON CONTRACT		1. CONTRACT ID CODE		PAGE 1 OF 1 PAGES																	
2. AMENDMENT/MODIFICATION NO. A00001		3. EFFECTIVE DATE 11/17/2005		4. REQUISITION/PURCHASE REQ. NO. 24058556GD327																	
5. PROJECT NO. (If applicable)		6. PROJECT NO. (If applicable)																			
7. ADMINISTERED BY (If other than item 6) Commanding Officer CGC HEALY 14 So. Massachusetts St. Bldg. 7 Seattle WA 98146-0000 (206) 217-6300 219		8. ISSUED BY CODE 14102 Commanding Officer CGC HEALY 14 So. Massachusetts St. Bldg. 7 Seattle WA 98146-0000 (206) 217-6300 219																			
9. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) S O S LIMITED 612 WATFORD WAY LONDON AE NW7 3JH GBR		(✓)		9A. AMENDMENT OF SOLICITATION NO.																	
				9B. DATED (SEE ITEM 11)																	
		X		10A. MODIFICATION OF CONTRACT/ORDER NO. Contract No. Order No. HSCG8505C6GD327																	
CODE		FACILITY CODE		10B. DATED (SEE ITEM 13) 03/01/2005																	
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS																					
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="radio"/> is extended, <input type="radio"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.																					
12. ACCOUNTING AND APPROPRIATION DATA (If required) 26501 133300GD / 14102 / 2596 / ODV / DEF. TASK DECREASE OF \$1,650.00																					
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.																					
(✓) A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.																					
<input type="checkbox"/>																					
<input checked="" type="checkbox"/> B. THE ABOVE NUMBERED CONTRACT ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation office, etc.) SET FORTH IN ITEM 14, PURSUANT TO AUTHORITY OF: FAR 43.103(b)																					
<input type="checkbox"/> C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:																					
<input type="checkbox"/> D. OTHER (Specify type of modification and authority)																					
E. IMPORTANT: Contractor <input checked="" type="radio"/> is not, <input type="radio"/> is required to sign this document and return _____ copies to the issuing office.																					
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) The following modifications have been made:  Line Item Number 1 <table border="1"> <thead> <tr> <th>QTY</th> <th>UNIT</th> <th>EST. PRICE</th> <th>EST. TOT. PRICE</th> </tr> </thead> <tbody> <tr> <td>OLD: 1</td> <td>JO</td> <td>\$4,000.00</td> <td>\$4,000.00</td> </tr> <tr> <td>NEW: 1</td> <td>JO</td> <td>\$2,350.00</td> <td>\$2,350.00</td> </tr> <tr> <td colspan="4">TOTAL DECREASE FOR LINE ITEM: \$1,650.00</td> </tr> </tbody> </table> OLD TOTAL: \$4,000.00 NEW TOTAL: \$2,350.00 NET DECREASE: \$1,650.00						QTY	UNIT	EST. PRICE	EST. TOT. PRICE	OLD: 1	JO	\$4,000.00	\$4,000.00	NEW: 1	JO	\$2,350.00	\$2,350.00	TOTAL DECREASE FOR LINE ITEM: \$1,650.00			
QTY	UNIT	EST. PRICE	EST. TOT. PRICE																		
OLD: 1	JO	\$4,000.00	\$4,000.00																		
NEW: 1	JO	\$2,350.00	\$2,350.00																		
TOTAL DECREASE FOR LINE ITEM: \$1,650.00																					
15A. NAME AND TITLE OF SIGNER (Type or print)		15A. NAME AND TITLE OF CONTRACTING OFFICER																			
15B. CONTRACTOR/OFFEROR  (Signature of person authorized to sign)		15C. DATE SIGNED		15B. UNITED STATES OF AMERICA (Signature of Contracting Officer)																	
				15C. DATE SIGNED 11/18/2005																	

6,7c

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**HYPERBARIC STRETCHERS  
and  
TREATMENT SYSTEMS**

**S.O.S. Limited**  
612 Watford Way  
London NW7 3JH  
England

**Tel:** +44 (0) 20 8959 8959  
**Fax:** +44 (0) 20 8959 7971  
**E-Mail:** [sos@hyperlite.co.uk](mailto:sos@hyperlite.co.uk)  
**Web Site:** [www.hyperlite.co.uk](http://www.hyperlite.co.uk)

Hyperlite is the Trade Mark of SOS Limited  
Reg. Office: 10 Bridge Street Christchurch  
BH23 1EF England No: 1620403  
VAT No: 645 7685 92

Commanding Officer  
CGC HEALY  
14 So. Massachusetts St. Bldg. 7  
Seattle  
WA 98146-0000  
USA

28<sup>th</sup> July 2005

**Invoice No: 5728.1**

**USCG REQUISITION NUMBER 24-5-8556GD327**

To make the necessary repairs and certify the Hyperlite chamber for safe operation, following accidental damage to the unit.

Item	Detail	Associated Cost
1	To the supply of parts required to conduct the repairs	US\$ 1,350.00
2	To labour charges to install, align and test unit for acceptance	US\$ 1,000.00
	<b>TOTAL CHARGE</b>	<b>US\$ 2,350.00</b>

Work carried out in Panama City FL USA. All freight charges were paid by you.

Item returned in full working order to the CGC Healy in advance of departure date from Seattle.

**E&OE**

**Please remit funds to:**

**BANK INFO:** Lloyds TSB Bank plc, Bournemouth Direct Business Centre,  
Taylors House Dean Park Crescent Bournemouth BH1 1ZT  
Bank Code: 30-91-08 Account No: 00648928 Swift Code: LOYDGB2L



[illegible]

6, 7c.

Page 1

MKC [REDACTED]

MKC

Specification Change Required?  
 \_\_\_\_\_yes      \_\_\_\_\_no

The above work will require an extension of \_\_\_\_\_ days beyond the current delivery date of \_\_\_\_\_.  
FOR COAST GUARD USE ONLY  
 Operational Commander (\_\_\_\_\_) notified of potential delay and concurs or acknowledges that potential schedule impact may result from this change.  
 Ref: Phonecon between \_\_\_\_\_ and \_\_\_\_\_ of \_\_\_\_\_

**Funding Code:**

<b>DEPARTMENT OF TRANSPORTATION</b> <div style="font-size: 2em; font-weight: bold; display: inline-block; margin-right: 10px;">P</div> <div style="font-size: 2em; font-weight: bold; display: inline-block;">R</div> <div style="display: inline-block; vertical-align: middle;"> <b>PROCUREMENT</b>  <b>PROCESS</b> </div> <div style="display: inline-block; vertical-align: middle;"> <b>REQUEST</b>  <b>RAPIDLY</b> </div>						PROCUREMENT REQUEST NO. 21-05-8556GD477 DATE RECEIVED							
1. NAME, PHONE NUMBER, AND ROUTING SYMBOL OF PERSON TO CONTACT JESSICA NOEL, LTJG						2. TYPE OF REQUEST (Check one)							
3. ORIGINATING OFFICE DATA DIVE						A <input checked="" type="checkbox"/> NEW REQUEST B <input type="checkbox"/> CHANGE TO PENDING PR NO. _____ C <input type="checkbox"/> MODIFICATION TO CONTRACT OR ORDER NO. _____							
4. ADDITIONAL INFORMATION (Suggested supply sources, security data, etc.) HOME DEPOT 1ST AVE SEATTLE, WA 206-467-9200						6. CONSIGNEE AND DESTINATION							
5. APPROVALS						7. DATE(S) REQUIRED							
APPROVING OFFICIALS		ROUTING SYMBOL	DATE	INTERNAL ROUTING									
(A)	(B)	(C)	INITIALS (D)	ROUTING SYMBOL (E)									
(1) AUTHORIZED REQUISITIONER J. NOEL, LTJG													
(2) ACCOUNTING CERTIFICATION OFFICER [REDACTED] SKC		4/18/05											
(3)													
(4)													
9. DESCRIPTION OF ITEMS OR SERVICES						8. GOVERNMENT FURNISHED PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES" see par. 8 of Instructions on page 2.)							
ITEM NO. (A)	ITEM OR SERVICE (Include Specifications and Special Instructions) (B)	QTY (C)	UNIT (D)	ESTIMATED COST									
				UNIT (E)	AMOUNT (F)								
001	PLAST BAGGES	17	EA	\$ .88	\$14.96								
002	STAPLES	1	EA	\$3.66	\$3.66								
003	CLOTH LINE	11	FT	\$1.38	\$15.18								
004	THRDRED ROD	10	EA	\$1.17	\$11.70								
FUNDS AVAILABLE: YES <u>✓</u> NO <u>  </u> POC: <u>[REDACTED]</u> FOB: DEST. <u>  </u> ORG. <u>  </u> ORDERED DATE <u>4/18/05</u> SHIP DATE <u>4/18/05</u> ORDERED BY <u>[REDACTED]</u> Visa: <u>ODV</u> TOTAL PRICE <u>45.50</u> <input type="checkbox"/> AGENCY INVENTORIES <input type="checkbox"/> EXCESS FROM OTHER AGENCIES <input type="checkbox"/> F.P.I. (UNICOR) <input type="checkbox"/> BLIND/SEVERELY HANDICAPPED <input type="checkbox"/> GSA OR OTHER I.C.P. <input checked="" type="checkbox"/> MAND <u>  </u> /OPT <u>  </u> SCHED NO <u>  </u> <input type="checkbox"/> COMMERCIAL SOURCES ENTERED INTO LUES BY: <u>[REDACTED]</u> ON <u>4/12</u>													
10. ACCOUNTING DATA						TOTAL <u>165</u> PAGE <u>29</u> OF <u>47</u> PAGES. <u>\$45.50</u>							
SYSTEMS DATA		CHECK APPLICABLE QUARTER											
		<input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> 4TH											
AGY	DSTY	APPN CODE	LIM CODE	AFC CODE	ALIC	PROGRAM ELEMENT	COST CENTER	OBJECT CLASS	DOCUMENT NUMBER			PROJECT	ACCOUNTING AMOUNT
2	6	501	133	30	0	GD	14102	2673	21	FY	P.R. NUMBER	SUFFIX	
2									21		8556GD477		ODV
2									21				

FORM DOT F 4200-1 IN ACCORDANCE WITH  
 PREVIOUS EDITIONS OBSOLETE  
 COMDTINST M4500.5A

SIGNATURE [REDACTED] LTJG  
 DATE RECEIVED 18 Apr 05

6, 7c

THE HOME DEPOT 4702  
206-467-9200  
STR MGR

SALE 4702 00014 95100 04/18/05  
72 DCM448 10:00 AM



030699190317 PLASBAGGDS	
17 @ 0.88	14.96
079055500001 STAPLES	3.66
030699170203 THRED RGD	
10 @ 1.17	11.70
030699101368 CLOTHLINE	
11 @ 1.38	15.18
.45.50 1.2500% DISC	-0.57
RSN: 38 GRP DISC	
SUBTOTAL	44.93
SALES TAX	0.00
TAX EXEMPT ID # GSA Customer	
TOTAL	\$44.93
XXXXXXXXXX0457 VISA	44.93
AUTH CODE 004370/8145639	TA



4702 14 95100 04/18/2005 1568

Do-It-Yourself Workshop! May 2nd, 6:30pm  
Learn to Create An Outdoor Living Space  
Register at [www.homedepotclinics.com](http://www.homedepotclinics.com)  
\*\*\*\*\*

ENTER FOR A CHANCE  
TO WIN A \$5,000  
HOME DEPOT GIFT  
CARD!

Your Opinion Counts! We would like to  
hear about your shopping experience.  
Enter to win a \$5,000 Home Depot Gift  
Card by completing a brief survey about  
your store visit at:

[www.HomeDepotOpinion.com](http://www.HomeDepotOpinion.com)

6,7c

DEPARTMENT OF TRANSPORTATION <b>PROCUREMENT REQUEST</b> <b>PROCESS RAPIDLY</b>					PROCUREMENT REQUEST NO. <u>21-05-B556(4)522</u>						
					DATE RECEIVED						
1. NAME, PHONE NUMBER, AND ROUTING SYMBOL OF PERSON TO CONTACT MKCS <u>[REDACTED]</u>					2. TYPE OF REQUEST (Check one) A <input checked="" type="checkbox"/> NEW REQUEST B <input type="checkbox"/> CHANGE TO PENDING PR NO. _____ C <input type="checkbox"/> MODIFICATION TO CONTRACT OR ORDER NO. _____						
3. ORIGINATING OFFICE DATA USCGC Healy WAGB 20											
4. ADDITIONAL INFORMATION (Suggested supply sources, security data, etc.) Underwater Sports 10545 Aurora Ave North Seattle, WA 98133 POC <u>[REDACTED]</u> 206-362-3310											
5. APPROVALS											
APPROVING OFFICIALS		ROUTING SYMBOL	DATE	INTERNAL ROUTING							
(A)		(B)	(C)	INITIALS (D)	ROUTING SYMBOL (E)						
(1) AUTHORIZED REQUISITIONER											
J.E. NOEL, LTJG		JEN DIVE-D	21 APR 05								
(2) ACCOUNTING CERTIFICATION OFFICER											
[REDACTED]			4/20/05								
(3)											
(4)											
					6. CONSIGNEE AND DESTINATION Pscil OP						
					7. DATE(S) REQUIRED 20May2005						
					8. GOVERNMENT FURNISHED PROPERTY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "YES" see par. 8 of Instructions on page 2.)						
9. DESCRIPTION OF ITEMS OR SERVICES											
ITEM NO. (A)	ITEM OR SERVICE (Include Specifications and Special Instructions) (B)	QTY (C)	UNIT (D)	ESTIMATED COST							
				UNIT (E)	AMOUNT (F)						
1.	Zeagle BC Power Inflater	6	ea	\$31.50	\$189.00						
2.	Soft weight 10 pound	8	ea	\$18.20	\$145.60						
3.	Soft weight 5 pound	8	ea	\$9.10	\$72.80						
4.	Soft weight 3 pound	6	ea	\$5.45	\$32.70						
5.	Soft weight 2 pound	6	ea	\$3.65	\$21.90						
6.	Soft weight ankle 2 pound	6	pr	\$24.00	\$144.00						
FUNDS AVAILABLE: YES <u>YLG</u> NO _____ POC: _____ FOB: DEST. _____ ORG. _____ ORDERED DATE <u>4/22</u> SHIP DATE <u>4/22</u> ORDERED BY <u>SLV</u> Visa: <u>0487</u> TOTAL PRICE <u>606.00</u> <input type="checkbox"/> AGENCY INVENTORIES <input type="checkbox"/> EXCESS FROM OTHER AGENCIES <input type="checkbox"/> F.P.I. (UNICOR) <input type="checkbox"/> BLIND/SEVERELY HANDICAPPED <input type="checkbox"/> CSA OR OTHER I.C.P.											
10. ACCOUNTING DATA SYSTEMS DATA <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD CHECK APPLICABLE QUARTER _____ SCHED NO _____ COMMERCIAL SOURCES ENTERED INTO LOGS BY: <u>SP</u> ON <u>4/20/05</u> TOTAL \$606.00											
AGY	OSY	APPN CODE	LIM CODE	AFC CODE	PROGRAM ELEMENT	COST CENTER	OBJECT CLASS	DOCUMENT NUMBER		PROJECT	ACCOUNTING AMOUNT
2	6	501	135	30	0	10	14102	207	21 05 B556(4)522	ODL	
2					0			21			
2					0			21			

 FORM DOT F 4200.1.2CG (Rev. 2-94)  
 PREVIOUS EDITIONS ARE OBSOLETE

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 SIGNATURE see [REDACTED]  
 DATE RECEIVED 10/1

 NOT REPORTABLE PROPERTY  
 IN ACCORDANCE WITH  
 COMDTINST M4500.5A

617C

Underwater Sports  
10545 Aurora Ave N  
Seattle, WA 98133  
(206) 362-3310

ORDER Invoice No: 64344  
Date: 04/22/05  
Page: 1

Sold To: ATTN: 154  
USCG Healy (WAGB20)  
14 South Massachusetts St.  
Seattle, WA 98134

Customer No: 57352  
Phone No: (206) 217-6300

Ship To:

Just. Order #: GD522

Salesperson: #3 ~~John~~

Product Code	Item Description	Ordred	Ship	Unit Price	Amount
3A112-1001	Inflator Zeagle Standard	6	0	31.50	189.00
4SWP-10	10lb Seabag (SeaSoft)	8	0	18.20	145.60
4SWP-5	5lb Seabag (SeaSoft)	8	0	9.10	72.80
4SWP-3	3lb Seabag (SeaSoft)	6	0	5.45	32.70
4SWP-2	2lb Seabag (SeaSoft)	6	0	6.65	39.90
4SAW-2-PR-BLK	Ankleweight Pair 2lb BLK	6	0	24.00	144.00

Rec'd all  
~~5/1/05~~ LTJG  
26 May 05

ATTN: ~~John~~

Sub-Total:	624.00
Shipping:	0.00
Tax [ 0 ]:	EXEMPT *
Total:	624.00
Visa :	624.00
Amount Paid:	624.00
Amount Due:	0.00

04/22/05

www.underwatersports.com

(65) PAGE 32 OF 47 PAGES.

6,7c



DEPARTMENT OF TRANSPORTATION <b>PROCUREMENT REQUEST</b> <b>PROCESS RAPIDLY</b>					PROCUREMENT REQUEST NO. <u>21-05-8556617543</u>							
1. NAME, PHONE NUMBER, AND ROUTING SYMBOL OF PERSON TO CONTACT BM1 <u>[REDACTED]</u>					DATE RECEIVED							
3. ORIGINATING OFFICE DATA USCGC HEALY (WAGB-20) DIVE LOCKER					2. TYPE OF REQUEST (Check one) A <input checked="" type="checkbox"/> NEW REQUEST B <input type="checkbox"/> CHANGE TO PENDING PR NO. _____ C <input type="checkbox"/> MODIFICATION TO CONTRACT OR ORDER NO. _____							
4. ADDITIONAL INFORMATION (Suggested supply sources, security data, etc.) A-Plus Marine Supply, INC  1-850-934-3890												
5. APPROVALS					6. CONSIGNEE AND DESTINATION							
APPROVING OFFICIALS (A)		ROUTING SYMBOL (B)	DATE (C)	INTERNAL ROUTING INITIALS (D)    ROUTING SYMBOL (E)		USCGC HEALY (WAGB-20) 1519 ALASKAN WAY SOUTH SEATTLE, WA 98134  206-217-6300 206-217-6309 FAX						
(1) AUTHORIZED REQUISITIONER												
JENUEL LTJG [REDACTED]		DIVE-U	2 May 05									
(2) ACCOUNTING CERTIFICATION OFFICER			5/5/05									
[REDACTED]												
(3)						7. DATE(S) REQUIRED						
						06/01/2005						
(4)						8. GOVERNMENT FURNISHED PROPERTY						
						<input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES" see par. 8 of Instructions on page 2.)						
9. DESCRIPTION OF ITEMS OR SERVICES												
ITEM NO. (A)	ITEM OR SERVICE (Include Specifications and Special Instructions) (B)	QTY (C)	UNIT (D)	ESTIMATED COST								
				UNIT (E)	AMOUNT (F)							
01	#2703 Guage 0-500PSI 2.5" back flange mount stainless steel 1/4" MNPT	5	ea	\$45.00	\$225.00							
02	# 2682 Panel valve 1/4" FNPT inlet to 1/4" MNPT	4	ea	\$38.00	\$152.00							
03	#5214 Reducing regulator, Max input 600PSI output 0-5000PSI	1	ea	\$240.00	\$240.00							
04	#2546SS 1/4" tube cross, stainless steel	1	ea	\$38.00	\$38.00							
05	#5218 Adjustable Pressure Relive Valve 300-6000PSI	1	ea	\$59.00	\$59.00							
06	#2535SS Female Tee Connector, stainless steel 1/4" FNPT	10	ea	\$25.50	\$255.00							
07	#2538SS Female Elbow to tube, 1/4"FNPT-1/4"Tube	5	ea	\$16.50	\$82.50							
08	#2542SS NTP-Tube connector, male 1/4"MNPT - 1/4"Tube	25	ea	\$9.00	\$225.00							
09	#2540SS NTP-Tube Connector 1/4"FNPT - 1/4"Tube	5	ea	12.00	60.00							
					<del>\$6.00</del>	<del>60.00</del>						
					<del>\$30.00</del>							
10. ACCOUNTING DATA												
SYSTEMS DATA			CHECK APPLICABLE QUARTER									
			<input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> 4TH									
			TOTAL \$2,086.20									
AGY	DIS	APPN CODE	LIM CODE	AFC CODE	ALC	PROGRAM ELEMENT	COST CENTER	OBJECT CLASS	DOCUMENT NUMBER		PROJECT	ACCOUNTING AMOUNT
2	6501	152	30	0	0	65	14102	2625	21	05-8556617543	050	
2				0	0				21			
2				0	0				21			

 FORM DOT F 4200.1.2CG (Rev. 2-94)  
 PREVIOUS EDITIONS ARE OBSOLETE

**NOT REPORTABLE PROPERTY**  
**IN ACCORDANCE WITH**  
**COMDTINST M4500.5A**

SIGNATURE \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

 See Backing  
 PARTIAL/COMPLETE

PAGE 33 OF 47 PAGES.

## 9. DESCRIPTION OF ITEMS OR SERVICES

FORM DOT F 4200.1.2CG (Rev. 2-94)  
PREVIOUS EDITIONS ARE OBSOLETE

# Invoice

**A-PLUS MARINE SUPPLY, INC.**  
212 MCCLURE DRIVE  
GULF BREEZE, FL 32561  
TEL 850-934-3890  
FAX 850-934-3895



Date 5/2/2005 Invoice # 28442

## Bill To

CGC HEALY  
14 SOUTH MASSACHUSETTS ST  
SEATTLE, WA 98134

## Ship To

CGC HEALY  
14 SOUTH MASSACHUSETTS ST  
SEATTLE, WA 98134

61-543

PO Nu...	Terms	Rep	Ship	Via	PHONE	FAX	Tracking #	Resid/...
	CREDIT C...	4	5/4/2005	FED EX	206-217-6300	206-217-6309	032536910082472	COMM

QTY.	B/O	ITEM	BIN	DESCRIPTION	Unit price	Amount
4	1	2703	9P	0-5000 PSI LIQUID FILLED ST. ST. GAUGE WITH FRONT FLANGE	45.00	180.00
4		2682	9S	PANEL VALVE 1/4" NPT	38.00	152.00
1		5214	9B	REDUCING REGULATOR 0-5000 PSI	240.00	240.00
0	1	2546SS	8-I 2	1/4" TUBE CROSS	38.00	0.00
1		5218	9B	ADJUSTABLE PRESSURE RELIEF VALVE	59.00	59.00
10		2535SS	8-A6	FEMALE TEE 1/4" NPT STAINLESS STEEL	25.50	255.00
3	2	2538SS	8-I1	1/4" NPT- FEMALE TO 1/4" TUBE ELBOW STAINLESS STEEL	16.50	49.50
10	15	2542SS	8-B2	MALE (1/4" NPT) TO TUBE ADAPTOR - 1/4"STAINLESS STEEL	9.00	90.00
5		2540SS	8-B2	FEMALE (1/4" NPT) TO TUBE ADAPTOR-1/4" - STAINLESS STEEL	12.00	60.00
1		2564	8-C2	CHECK VALVE 1/4" MNPT TO 1/4" MNPT-STAIN. (6000 PSI)	39.95	39.95
5		2544SS	8-I 2	1/4" TUBE TO 1/4" TUBE UNION STAINLESS STEEL	11.95	59.75
3		4004				
3		4026A	1-2 & 1-3	DIN FILLER W/BLEED FOR FILL WHIPS-200/ 300 BAR	70.00	210.00
3		2680	9S	LINE VALVE 1/4" NPT	29.95	89.85
3		2840	5D	FILL WHIP HOSE - 6 FOOT 1/4"MNPT to 1/4"MNPT	32.00	96.00
		SUBTOTAL			0.00	0.00
				FILL WHIP-DIN VALVE FILL WHIP W/BLEED		395.85
1		9999		FILLER WITH BLEED FOR SCBA's - 6 FOOT 1/4"MNPT to 1/4"MNPT	122.50	122.50
1		5		NO SHIPPING CHARGES	0.00	0.00

THANK YOU FOR YOUR BUSINESS!

**Total**

All backorders will be cancelled after 3 weeks from ship date. Terms are from ship date.  
Late paying accounts will be subject to an additional charge of 1.5% per month.

Partoul

Bml

Page 1

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6.7c

# Invoice

**PLUS MARINE SUPPLY, INC.**  
MCCLURE DRIVE  
GOLF BREEZE, FL 32561  
TEL 850-934-3890  
FAX 850-934-3895



Date 5/2/2005 Invoice # 28442

## Bill To

CGC HEALY  
14 SOUTH MASSACHUSETTS ST  
SEATTLE, WA 98134

## Ship To

CGC HEALY  
14 SOUTH MASSACHUSETTS ST  
SEATTLE, WA 98134

PO Nu...	Terms	Rep	Ship	Via	PHONE	FAX	Tracking #	Resid/...
[REDACTED]	CREDIT C...	4	5/4/2005	FED EX	206-217-6300	206-217-6309	032536910082472	COMM

QTY.	B/O	ITEM	BIN	DESCRIPTION	Unit price	Amount
------	-----	------	-----	-------------	------------	--------

SORRY ABOUT ALL THE SHORTAGES -  
WE HAVE BEEN OVER RUN ON HIGH  
PRESSURE PARTS THIS MONTH - WE  
WILL SHIP OUT THE BALANCE OF  
PARTS NEXT WEEK FREE FREIGHT  
FEDERAL EXCISE TAX

10.00% 0.00

THANK YOU FOR YOUR BUSINESS! [REDACTED]

**Total**

\$1,703.55

All backorders will be cancelled after 3 weeks from ship date. Terms are from ship date.  
Late paying accounts will be subject to an additional charge of 1.5% per month.

Page 2

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6, 7C



DEPARTMENT OF TRANSPORTATION										PROCUREMENT REQUEST NO.				
PROCUREMENT REQUEST PROCESS RAPIDLY										21-05-8556gd568				
DATE RECEIVED														
1. NAME, PHONE NUMBER, AND ROUTING SYMBOL OF PERSON TO CONTACT <b>Jessica Noel Ltjg</b>										2. TYPE OF REQUEST (Check one)				
3. ORIGINATING OFFICE DATA <b>DIVE OFFICER</b>										A <input checked="" type="checkbox"/> NEW REQUEST				
4. ADDITIONAL INFORMATION (Suggested supply sources, security data, etc.) <b>UNDERWATER SPORTS 10545 AURORA AVE NORTH SEATTLE WA 98133 206-362-3310</b>										B <input type="checkbox"/> CHANGE TO PENDING PR NO. _____				
										C <input type="checkbox"/> MODIFICATION TO CONTRACT OR ORDER NO. _____				
5. APPROVALS										6. CONSIGNEE AND DESTINATION				
APPROVING OFFICIALS (A)		ROUTING SYMBOL (B)		DATE (C)		INTERNAL ROUTING INITIALS (D) ROUTING SYMBOL (E)				7. DATE(S) REQUIRED  <b>20 MAY 2005</b>				
(1) AUTHORIZED REQUISITIONER														
<b>JESSICA E. NOEL, LTJG</b>		<b>ODV</b>		<b>RMH/B5</b>										
(2) ACCOUNTING CERTIFICATION OFFICER														
<b>[REDACTED] SKC</b>				<b>5/17/05</b>										
(3)														
(4)										8. GOVERNMENT FURNISHED PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES" see par. 8 of instructions on page 2.)				
9. DESCRIPTION OF ITEMS OR SERVICES														
ITEM NO. (A)	ITEM OR SERVICE (Include Specifications and Special Instructions) (B)							QTY (C)	UNIT (D)	ESTIMATED COST				
										UNIT (E)	AMOUNT (F)			
0001	<b>INCREASE PR TO COVER THE COST OF THE BANDING FEE</b>  <b>OLD TOTAL: 160.00</b> <b>INCREASE: 300.00 120.00</b> <b>NEW TOTAL 460.00</b> <b>280.00</b>							<b>20</b> <b>8</b>	EA	\$15.00	\$300.00 <b>120.00</b>			
10. ACCOUNTING DATA														
SYSTEMS DATA				CHECK APPLICABLE QUARTER				TOTAL  <b>\$300.00</b>						
				<input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> 4TH										
A G Y	D I S T Y	APPN CODE	LIM CODE	AFC CODE	A L I C	PROGRAM ELEMENT	COST CENTER	OBJECT CLASS	DOCUMENT NUMBER				PROJECT	ACCOUNTING AMOUNT
									TYPE	FY	P.R. NUMBER	SUFFIX		
2	6	501	133	30	0	GD	14102	2596	21	05	8556GD568		ODV	
2					0				21					
2					0				21					

6,7C

Underwater Sports  
10545 Aurora Ave N  
Seattle, WA 98133  
(206) 362-3310

Invoice No: 65247  
Date: 05/26/05

Page: 1

Sold To: ATTN: 154  
USCG Healy (WAGB20)  
14 South Massachusettes St.  
Seattle, WA 98134


Customer No: 57352  
Phone No: (206) 217-6300

Ship To:

Cust. Order #:

Salesperson: #3 Ken

Product Code	Item Description	Ordrd	Ship	Unit Price	Amount
VIP	VIP Visual Inspection (NO AIR)	20	20	8.50	170.00
SERVICE	Labor Required Tank	7	7	15.00	105.00

 LTJG  
26 May 05

GD 568  
\$100

Sub-Total:	275.00
:	
Shipping:	0.00
Tax [ 0 ]:	EXEMPT *
Total:	275.00
Visa :	275.00
Amount Paid:	275.00
Amount Due:	0.00

05/26/05

www.underwatersports.com

6, 7c

DEPARTMENT OF TRANSPORTATION <b>PROCUREMENT REQUEST</b> <b>PROCESS RAPIDLY</b>					PROCUREMENT REQUEST NO. <u>21-05-855661-583</u>							
					DATE RECEIVED 19May2005							
1. NAME, PHONE NUMBER, AND ROUTING SYMBOL OF PERSON TO CONTACT JESSICA NOEL, LTJG					2. TYPE OF REQUEST (Check one) A <input checked="" type="checkbox"/> NEW REQUEST B <input type="checkbox"/> CHANGE TO PENDING PR NO. _____ C <input type="checkbox"/> MODIFICATION TO CONTRACT OR ORDER NO. _____							
3. ORIGINATING OFFICE DATA Supply Office, HEALY												
4. ADDITIONAL INFORMATION (Suggested supply sources, security data, etc.) Underwater Sports 10545 Aurora Ave North Seattle, WA 98133 206-362-3310												
5. APPROVALS												
APPROVING OFFICIALS		ROUTING SYMBOL	DATE	INTERNAL ROUTING								
(A)		(B)	(C)	INITIALS (D)	ROUTING SYMBOL (E)							
(1) AUTHORIZED REQUISITIONER												
✓ Jessica E. Noel		ODV	19May									
(2) ACCOUNTING VERIFICATION OFFICER												
[REDACTED]			5/19/05									
(3)												
(4)												
					6. CONSIGNEE AND DESTINATION  P/O							
					7. DATE(S) REQUIRED  27May2005							
					8. GOVERNMENT FURNISHED PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES" see par. 8 of Instructions on page 2.)							
9. DESCRIPTION OF ITEMS OR SERVICES												
ITEM NO. (A)	ITEM OR SERVICE (Include Specifications and Special Instructions) (B)	QTY (C)	UNIT (D)	ESTIMATED COST								
				UNIT (E)	AMOUNT (F)							
1	BC hangers	6		\$8.00	\$48.00							
2	Bootie/Glove/Hood hangers	6		\$13.00	\$78.00							
NOT REPORTABLE PROPERTY IN ACCORDANCE WITH COMDTINST M4500.5A					\$0.00	\$0.00						
					FUNDS AVAIL: YES <u>XXX</u> NO _____		\$0.00	\$0.00				
					POC: _____		\$0.00	\$0.00				
					FOB: DEST. <u>X</u> ORG. _____		\$0.00	\$0.00				
					ORDERED DATE <u>5/19/05</u> SHIP DATE <u>9/10</u>		\$0.00	\$0.00				
					ORDERED BY <u>SEC 2 Arakata</u> Visa: <u>0157</u>		\$0.00	\$0.00				
					TOTAL PRICE <u>\$126.00</u>		\$0.00	\$0.00				
					<input checked="" type="checkbox"/> AGENCY INVENTORIES		\$0.00	\$0.00				
					<input checked="" type="checkbox"/> EXCESS FROM OTHER AGENCIES		\$0.00	\$0.00				
					<input checked="" type="checkbox"/> F.P.I. (UNICOR)		\$0.00	\$0.00				
					<input checked="" type="checkbox"/> BLIND/SEVERELY HANDICAPPED		\$0.00	\$0.00				
					<input checked="" type="checkbox"/> GSA OR OTHER I.C.P.		\$0.00	\$0.00				
					<input checked="" type="checkbox"/> MAND ___ /OPT ___ SCHED NO _____		\$0.00	\$0.00				
					<input checked="" type="checkbox"/> COMMERCIAL SOURCES		\$0.00	\$0.00				
					ENTERED INTO LUPS BY: <u>XXX</u> ON <u>5/20</u>							
SYSTEMS DATA		CHECK APPLICABLE QUARTER			TOTAL							
		<input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/> 4TH			\$126.00							
AGY	DISY	APPN CODE	LIM CODE	AFC CODE	ALIC	PROGRAM ELEMENT	COST CENTER	OBJECT CLASS	DOCUMENT NUMBER		PROJECT	ACCOUNTING AMOUNT
2	0501	137	30	0	61	1402	2673	21	05	655661-583	ODV	
2				0				21				
2				0				21				

 FORM DOT F 4200.1.2CG (Rev. 2-94)  
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 SIGNATURE SEE PACKING  
 DATE RECEIVED list

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

6,7C



Underwater Sports  
10545 Aurora Ave N  
Seattle, WA 98133  
(206) 362-3310

Invoice No: 65052  
Date: 05/19/05

Page: 1

Sold To: ATTN: 154  
USCG Healy (WAGB20)  
14 South Massachusetts St.  
Seattle, WA 98134

Customer No: 57352  
Phone No: (206) 217-6300

Ship To:

Cust. Order #:

Salesperson: #15

Product Code	Item Description	Ordrd	Ship	Unit Price	Amount
UK24013	Hanger Super Acc Black	6	6	13.00	78.00
UK24023	Hanger Super BCD Black	6	6	8.00	48.00

~~26 May 05~~ LTJH  
26 May 05

583

Sub-Total:	126.00
Shipping:	0.00
Tax [ 0 ]:	EXEMPT *
Total:	126.00
Visa 033111:	126.00
Amount Paid:	126.00
Amount Due:	0.00

05/19/05

www.underwatersports.com

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6.7c

DEPARTMENT OF TRANSPORTATION <b>PROCUREMENT REQUEST</b> <b>PROCESS RAPIDLY</b>					PROCUREMENT REQUEST NO. <u>21-05-B5566(1) 584</u>						
					DATE RECEIVED 19May2005						
1. NAME, PHONE NUMBER, AND ROUTING SYMBOL OF PERSON TO CONTACT JESSICA NOEL, LTJG					2. TYPE OF REQUEST (Check one) A <input checked="" type="checkbox"/> NEW REQUEST B <input type="checkbox"/> CHANGE TO PENDING PR NO. _____ C <input type="checkbox"/> MODIFICATION TO CONTRACT OR ORDER NO. _____						
3. ORIGINATING OFFICE DATA Supply Office, HEALY											
4. ADDITIONAL INFORMATION (Suggested supply sources, security data, etc.) Dive Commercial International 7058 15th Avenue NW Seattle, WA 98117 Tel: 206.784.5050 <u>Sax 286-2723</u>											
5. APPROVALS					8. CONSIGNEE AND DESTINATION     7. DATE(S) REQUIRED 27May2005						
APPROVING OFFICIALS (A)	ROUTING SYMBOL (B)	DATE (C)	INTERNAL ROUTING (D) INITIALS (E) ROUTING SYMBOL								
(1) AUTHORIZED REQUISITIONER ✓ Jessica E. Noel	ODV	19May									
(2) ACCOUNTING CERTIFICATION OFFICER [Redacted]		5/19/05									
(3)											
9. DESCRIPTION OF ITEMS OR SERVICES					8. GOVERNMENT FURNISHED PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES" see par. 8 of Instructions on page 2.)						
ITEM NO. (A)	ITEM OR SERVICE (Include Specifications and Special Instructions) (B)	QTY (C)	UNIT (D)	ESTIMATED COST UNIT (E) AMOUNT (F)							
1	EXO Comms Assembly (Part# 315-215)	3		\$240.00	\$720.00						
2	EXO Face Pads (Part# 325-025)	6		\$26.00	\$156.00						
FUNDS AVAILABLE: YES <u>10</u> NO _____ POC: _____ FOB: DEST. _____ ORG. _____ ORDERED DATE <u>5/19/05</u> SHIP DATE <u>27 May</u> ORDERED BY <u>SRP</u> Visa: <u>845</u> TOTAL PRICE <u>876</u> _____ AGENCY INVENTORIES _____ EXCESS FROM OTHER AGENCIES _____ F.P.I. (UNICOR) _____ BLIND/SEVERELY HANDICAPPED _____ GSA OR OTHER I.C.P. _____ MAND _____ /OPT _____ SCHED NO _____ <input checked="" type="checkbox"/> COMMERCIAL SOURCES						\$0.00					
						\$0.00					
						\$0.00					
						\$0.00					
						\$0.00					
						\$0.00					
						\$0.00					
						\$0.00					
						\$0.00					
						\$0.00					
SYSTEMS DATA ENTERED INTO LOGS <u>ON</u> CHECK APPLICABLE QUARTER <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/> 4TH		TOTAL \$876.00									
AGY	ID	APPN CODE	LIM CODE	AFC CODE	PROGRAM ELEMENT	COST CENTER	OBJECT CLASS	DOCUMENT NUMBER TYPE FY P.R. NUMBER SUFFIX		PROJECT	ACCOUNTING AMOUNT
2	16	501	138	30	165	14102	2670	21 05 (B5566) 584			
2								21			
2								21			

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FORM DOT F 4200.1.2CG (Rev. 2-94)

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 IN ACCORDANCE WITH  
 COMDTINST M4500.5A

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 SIGNATURE [Redacted] LTJG  
 DATE RECEIVED 25 May 05

Ce, 7C

Jun 27 05 01:14p

206-286-2723

p. 1

DIVE COMMERCIAL INTERNATIONAL  
PO BOX 70664 SEATTLE, WA 98127  
7058 15TH AVE NW  
SEATTLE, WA 98117

# Invoice

Invoice Number:  
IN-0505190

Invoice Date:  
May 25, 2005

Page:  
1

Voice: 206-784-5050  
Fax: 206-286-2723

## Sold To:

USCG INTEG. SUPPORT COMMAND  
1519 ALASKAN WAY SOUTH  
BLDG. 7  
SEATTLE, WA 98134-1192

## Ship to:

COMMANDING OFFICER  
USCGC HELY  
1519 ALASKAN WAY S.  
SEATTLE, WA 98134-1192

Customer ID		Customer PO	Payment Terms		
USCG01			Prepaid		
Sales Rep ID		Shipping Method	Ship Date	Due Date	
JLS01		UPS Ground	5/26/05	5/25/05	
Quantity	Item	Description	Backorder Qty	Unit Price	Extension
3.00	DSI/315-215	COMM MODULE ASSY, MWP CONNECTOR		240.00	720.00
6.00	DSI/325-025	FACE SEAL CUSHION KIT		26.00	156.00
		SHIPPING			8.20

Subtotal 884.20  
Sales Tax  
Freight  
Total Invoice Amount 884.20  
Payment/Credit Applied 884.20  
TOTAL 0.00

Check/Credit Memo No: 084228  
VISA

PAST DUE ACCOUNTS ARE SUBJECT TO A SERVICE CHARGE OF 18% PER ANNUM (1 1/2%) MO

6,7C (165) PAGE 43 OF 47 PAGES.

**FORM DOT F 4200.1.2CG (Rev. 2-94)**  
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DATE RECEIVED 1/5

6, 7c

Underwater Sports  
10545 Aurora Ave N  
Seattle, WA 98133  
(206) 362-3310

Invoice No: 65248  
Date: 05/26/05  
Page: 1

Sold To: ATIN: 154  
USCG Healy (WAGB20)  
14 South Massachusettes St.  
Seattle, WA 98134

Customer No: 57352  
Phone No: (206) 217-6300

Ship To:

Cust. Order #:

Salesperson: #3

Product Code	Item Description	Ordrd	Ship	Unit Price	Amount
AIR TEST	Air Test	1	1	70.00	70.00

~~XXXXXXXXXX~~ LTJG  
31 May 05

Sub-Total: 70.00  
Shipping: 0.00  
Tax [ 0 ]: EXEMPT \*  
Total: 70.00  
Visa : 70.00  
Amount Paid: 70.00  
Amount Due: 0.00

05/26/05

www.underwatersports.com

G, TC

Doc#	R C R A	P r o p e r t y	C / C	P O	O t h e r	S e r v i c e	S u p p l y	P r o j e c t	DTO Project	CMPLUS Order Number	Vendor	ITEMS	Amount	RDD
21-04-8546GD 286							X	ODV			Diver Supply	Magnets, Tire Inflator, Airgun	\$517.40	20-Feb-04
21-04-8546GD 334							X	ODV			Underwater Sports	Training, and supplies	\$2,344.50	08-Mar-04
21-04-8546GD 342				X			X	ODV			SEAVIEW	SEAMASTER CAMERA	\$20.00	17-Feb-04
21-04-8546GD 373				X		X		ODV			Underwater Sports	Training,	\$1,350.00	18-Mar-04
21-04-8546GD 534			X				X	ODV			<span style="background-color: black; color: black;">XXXXXXXXXX</span>	Vidmars	\$1,713.82	15-Jun-04
21-04-8546GD 559							X	ODV			Underwater Sports	Dive Equipment	\$4,067.00	28-Apr-04
21-04-8546GD 703			X				X	ODV			Underwater Sports	Drysuit Glue	\$107.20	18-Aug-04

FY-04

2176

Doc#	P r o p e r t C o s t C o s t C o s t				Vendor	Description	Amount	RDD	Date Ordered
	A	y	C	O					
21-03-8536GD 264		X		ODV	DIVE INSTITUTE	DIVE TRAINING	\$1,250.00	14-Apr-03	11-Apr-03
21-03-8536GD 368		X		ODV	Whites Mfg LPD	Repair of Dry Suits	\$300.00	10-Jun-03	23-May-03

FY-03